

FILED OCT 27 1948

Registration District No. 38

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3006

State File No. 31998

Registrar's No. 260

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 313 S. 5th St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3: (a) PRINT FULL NAME Oscar Spencer

3: (b) If veteran, name war X 3: (c) Social Security No. 327-05-4717 A

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Rella Mae Spencer 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased July 14 1880  
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days X If less than one day hr. min.

9. Birthplace Morgan Co. Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Stephens College

11. Industry or business Stephens College

12. Name George Spencer

13. Birthplace Ill  
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Fanning

15. Birthplace Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Oscar Spencer

(b) Address 313 S 5th St

17. (a) Burial (b) Date thereof 10 15 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia Cem

18. (a) Signature of funeral director R. A. Givens

(b) Address Columbia Mo

19. (a) 10-14-48 (b) Mrs R E Palmer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 313 S 5th St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country A

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14th  
year 1948 hour 1:30 minute 19 M.

21. I hereby certify that I attended the deceased from June 48 to Oct 13 48  
that I last saw him alive on Oct 13 48  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Duration 1 day

Due to Hypertension & myocarditis 3

Due to chronic nephritis ?

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 31B

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. H. E. Dyer (M. D. or other)

Address Columbia Mo Date signed 10 14 48

OCT 25 1950  
JAN 23 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,       

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Lynman H. Sprinkle*

Licensed Embalmer No. 4013

P. O. Address Columbia, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**